

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90286 032 ****50.00

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1. Entity Name

PRECISION CYCLE AND TIRE, LLC

Principal Place of Business

1105 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

Mailing Address

1105 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

2. Principal Place of Business

(same)
1105 N WASHINGTON BLVD
Suite, Apt. #, etc.
N/A

3. Mailing Address

(same)
1105 N WASHINGTON BLVD
Suite, Apt. #, etc.
N/A



1st MOORE

CR2E083 (10/04)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

29-1624071

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLIMA, RONALD N
1105 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Ron Klima

Street Address (P.O. Box Number is Not Acceptable)

1105 N Washington Blvd

City

SARASOTA

FL

Zip Code

34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ron Klima

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KLIMA, RONALD N
STREET ADDRESS 1105 NORTH WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA FL 34236

TITLE MGRM ☐ Delete
NAME KLIMA, CHARLES K
STREET ADDRESS 1105 NORTH WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA FL 34236

TITLE MGRM ☐ Delete
NAME KLIMA, JOSEPH
STREET ADDRESS 1105 NORTH WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/30/05 9413658526